



2021 - 2025 EPIDEMIOLOGY REPORT



Table of Contents

Executive Summary	2
Population at a Glance	4
Epidemiology (Program Description)	5
5-Year Surveillance Summary (2021-2025)	6
Overview of Reported Conditions	14
Vaccine-Preventable Diseases	16
Respiratory Diseases	20
Sexually Transmitted Infections	24
Vector-Borne Diseases	26
Food- or Waterborne Diseases	27
High Consequence Infectious Diseases	30
Other Reportable Conditions	30
Conclusion	34
References	35



PUBLIC HEALTH
CITY OF EL PASO



Executive Summary

The City of El Paso Department of Public Health's (DPH) Epidemiology and Surveillance Division works to protect and improve the health of the community through disease surveillance, case investigations, healthcare provider education, and community outreach. As part of these efforts, this report summarizes trends in notifiable conditions reported in El Paso, Texas from 2021 through 2025, providing an overview of disease patterns by condition category, demographic characteristics, geographic distribution, and annual incidence rates.

Between 2021 and 2025, El Paso experienced notable shifts in infectious disease trends influenced by pandemic-related disruptions, population movement, environmental conditions, and changes in healthcare access. Public health surveillance identified three areas of concern showing sharp rate increases following the easing of COVID-19 restrictions; such areas include sexually transmitted infections, vaccine-preventable diseases, and food- and waterborne illnesses. These findings emphasize the need for continued investment in surveillance, rapid response capacity, and community education.

KEY TRENDS & EMERGING CONCERNS

1. STIs Surge

- AIDS incidence increased more than **sixfold** from 2021 to 2025, signaling severe gaps in screening and access to care in particular during COVID-19.
- Chlamydia, gonorrhea, and syphilis spiked following pandemic recovery, with syphilis being the most notable rising **115%** between 2021 and 2025.
- Rising STI rates elevate the risk of congenital syphilis, a growing statewide concern.

2. Vaccine-Preventable Disease Re-Emergence

- A **measles outbreak in 2025** affected mainly unvaccinated or unknown-status individuals in the young adult population.
- Pertussis increased nearly fourfold between 2021 and 2025.

3. Respiratory Diseases Influenced by Mass Migration & Climate Variations

- Tuberculosis incidence peaked in 2023 at levels **double the national rate**, driven by cases among newly arrived individuals in our community.
- Coccidioidomycosis declined overall but remains sensitive to environmental factors such as dust storms; increases are anticipated in 2026.

4. Food and Waterborne Diseases Rising Rates

- Enteric diseases increased from **32.3 to 45.1 cases per 100,000** over the 5-year period.

- Campylobacteriosis and yersiniosis showed sharp growth, though investigations found no single source.
- Parasitic infections such as Cryptosporidium and Giardia have increased, likely due to post-pandemic travel and not local water systems (consistently met EPA standards).

5. Infectious Diseases Threats

- *Candida auris* increased more than **sixfold** from 2023 to 2025.
- Invasive *Streptococcus pneumoniae* increased **25%** over five years.
- Hepatitis C, however, declined **18%**, reflecting improved screening and treatment access.

PUBLIC HEALTH FOCUS

- **Public health capacity:** Resurgence of preventable diseases underscores the importance of community education, vaccination outreach, surveillance, and timely provider reporting.
- **Public health clinical services remain the safety net:** STI and TB trends reveal unmet needs in screening, linkage to care, and continuity of care especially among mobile and underserved populations.
- **Environmental factors in our region:** Dust storms and seasonal vector activity continue to shape respiratory and vector-borne disease risks.
- **Continuous readiness is essential:** Although only one high-consequence infectious disease case occurred (wound botulism), preparedness remains foundational to protecting community health.

CONCLUSION

El Paso's infectious disease trends demonstrate ongoing recovery from the COVID-19 pandemic while highlighting emerging vulnerabilities. Strengthening disease surveillance, vaccination confidence, cross-border coordination, and rapid response operations will be essential to reducing morbidity and preventing future outbreaks.

Population at a Glance

El Paso County, located in far West Texas at the intersection of Texas, New Mexico, and the Mexican state of Chihuahua, forms one of the largest binational metropolitan areas along the U.S.–Mexico border. In 2025, the county’s estimated population reached 877,858, reflecting modest growth over the preceding five years (Table 1). The population is predominantly Hispanic or Latino (82.8%) and includes approximately 299,637 households, with an average household size of 2.86 persons.

According to the U.S. Census Bureau, 81.1% of residents aged 25 years and older have completed at least a high school education, while 25.9% have earned a bachelor’s degree or higher. The median household income was \$59,806, the per capita income was \$28,486, and 18.1% of residents were living below the federal poverty level.

Table 1. Population Estimates, 2021-2025

Year	El Paso County Population (Estimate)
2021	867,558
2022	868,332
2023	873,242
2024	879,894
2025	877,858

Epidemiology (*Program Description*)

Notifiable conditions are diseases and health events that are legally required to be reported to public health authorities to support timely surveillance, outbreak detection, and intervention. The City of El Paso Department of Public Health's (DPH) Epidemiology and Surveillance Division is responsible for the management of all notifiable communicable conditions for the local service area comprised of El Paso County, Texas, with a combined population of over 800,000.

The Epidemiology and Surveillance Division's primary goal is to protect and improve community health by conducting disease surveillance, leading case investigations, and providing education and guidance to healthcare providers and the public. The division monitors patterns of communicable diseases that may emerge or spread within the local population, using trend analysis to forecast infection rates and develop evidence-based prevention strategies. Its work centers on rapidly responding to outbreaks, collecting and analyzing surveillance data, and monitoring disease occurrence to identify risk factors and modes of transmission.

The Epidemiology and Surveillance team responds to disease outbreaks through continuous use of active, passive and syndromic surveillance. In addition, the team is also responsible for tracking and reporting over 80 notifiable conditions, all of which may be reported and managed 24 hours a day, 7 days a week. In addition, staff are on call after hours, including weekends, to respond to urgent questions from healthcare providers, hospitals, or community members and provide technical support and guidance when needed. Community health education is a crucial component of the division for alerting the community of potential health risks and recommended precautions to reduce the spread of disease.

Data included in this report were compiled from multiple sources, including statewide surveillance systems, laboratory reports, healthcare provider notifications, and local public health investigations. Annual incidence rates per 100,000 population were used to evaluate changes in disease occurrence in El Paso County using the annual population estimates from the U.S. Census Bureau. The five-year average incidence rate for each condition was used as a baseline for interpreting the trends observed during the reporting period.

5-Year Surveillance Summary by Category

(2021-2025)

Respiratory Diseases	2021 Cases (IR)	2022 Cases (IR)	2023 Cases (IR)	2024 Cases (IR)	2025 Cases (IR)	5-Year Baseline IR
	1,620 (186.7)	14,541 (1,674.6)	37,232 (4,263.7)	86 (9.8)	85 (9.7)	1,228.9
Coccidioidomycosis	61 (7.0)	57 (6.6)	30 (3.4)	39 (4.4)	38 (4.3)	5.2
Coronavirus Disease 2019 (COVID-19)	Not Reported	Not Reported	29,819 (3,414.7)	Not Reported	Not Reported	3414.7
Hantavirus infection	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Influenza Rapid Testing	1,526 (175.9)	14,445 (1,663.5)	7,321 (838.4)	Not Reported	Not Reported	892.6
Legionellosis	6 (0.7)	7 (0.8)	8 (0.9)	10 (1.1)	22 (2.5)	1.2
Q fever	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Tuberculosis	27 (3.1)	32 (3.7)	54 (6.2)	37 (4.2)	25 (2.8)	4

Sexually Transmitted Infections	2021 Cases (IR)	2022 Cases (IR)	2023 Cases (IR)	2024 Cases (IR)	2025 Cases (IR)	5-Year Baseline IR
	6,031 (695.2)	6,634 (764.0)	7,146 (818.3)	6,274 (713.0)	5,760 (656.1)	729.3
AIDS	8 (0.9)	13 (1.5)	24 (2.7)	43 (4.9)	58 (6.6)	3.3
Chancroid	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Chlamydia trachomatis infection	4,244 (489.2)	4,508 (519.2)	5,047 (578.0)	4,098 (465.7)	3,721 (423.9)	495.2
Gonorrhea	1,278 (147.3)	1,366 (157.3)	1,233 (141.2)	1,231 (139.9)	982 (111.9)	139.5
HIV infection	102 (11.8)	110 (12.7)	127 (14.5)	154 (17.5)	132 (15.0)	14.3
Syphilis	399 (46.0)	637 (73.4)	715 (81.9)	748 (85.0)	867 (98.8)	77

Vaccine-Preventable Diseases	2021 Cases (IR)	2022 Cases (IR)	2023 Cases (IR)	2024 Cases (IR)	2025 Cases (IR)	5-Year Baseline IR
	26 (3.0)	55 (6.3)	70 (8.0)	108 (12.3)	154 (17.5)	9.4
Chickenpox (Varicella)	17 (2.0)	25 (2.9)	18 (2.1)	42 (4.8)	29 (3.3)	3
Diphtheria	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Haemophilus influenzae, invasive	1 (0.1)	15 (1.7)	11 (1.3)	10 (1.1)	8 (0.9)	1
Hepatitis A, acute	3 (0.3)	13 (1.5)	26 (3.0)	28 (3.2)	5 (0.6)	1.7
Hepatitis B, acute	4 (0.5)	2 (0.2)	5 (0.6)	3 (0.3)	3 (0.3)	0.4
Hepatitis B, perinatal	Not Reported	Not Reported	9 (1.0)	14 (1.6)	8 (0.9)	1.2
Measles (Rubeola)	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	63 (7.2)	1.5
Mumps	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.3)	8 (0.9)	0.3
Pertussis	1 (0.1)	0 (0.0)	0 (0.0)	8 (0.9)	30 (3.4)	0.9
Polio	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Rubella	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Rubella, congenital	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Tetanus	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0

Vector-Borne Diseases	2021 Cases (IR)	2022 Cases (IR)	2023 Cases (IR)	2024 Cases (IR)	2025 Cases (IR)	5-Year Baseline IR
	23 (2.7)	17 (2.0)	12 (1.4)	12 (1.4)	10 (1.1)	1.7
Anaplasmosis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Babesiosis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Chagas' disease	1 (0.1)	0 (0.0)	0 (0.0)	2 (0.2)	1 (0.1)	0.1
Chikungunya	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Dengue	0 (0.0)	0 (0.0)	1 (0.1)	4 (0.5)	0 (0.0)	0.1
Eastern Equine Encephalitis	Not Reported	Not Reported	0 (0.0)	0 (0.0)	0 (0.0)	0
Ehrlichiosis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Leishmaniasis	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Lyme disease	1 (0.1)	0 (0.0)	2 (0.2)	0 (0.0)	2 (0.2)	0.1
Malaria	1 (0.1)	6 (0.7)	3 (0.3)	4 (0.5)	0 (0.0)	0.3
Relapsing fever (tick-borne)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Saint Louis Encephalitis	Not Reported	Not Reported	0 (0.0)	0 (0.0)	0 (0.0)	0
Spotted fever group (Rickettsioses)	1 (0.1)	1 (0.1)	1 (0.1)	0 (0.0)	1 (0.1)	0.1
Typhus	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0

West Nile Virus - Fever	0 (0.0)	1 (0.1)	0 (0.0)	1 (0.1)	2 (0.2)	0.1
West Nile Virus - Neuroinvasive	18 (2.1)	9 (1.0)	5 (0.6)	1 (0.1)	4 (0.5)	0.9
Western Equine Encephalitis	Not Reported	Not Reported	0 (0.0)	0 (0.0)	0 (0.0)	0
Yellow fever	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Zika	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0

Food- or Waterborne Diseases	2021 Cases (IR)	2022 Cases (IR)	2023 Cases (IR)	2024 Cases (IR)	2025 Cases (IR)	5-Year Baseline
	284 (32.7)	293 (33.7)	288 (33.0)	372 (42.3)	395 (45.0)	37.3
Amebic meningitis and encephalitis	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0
Ascariasis	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Botulism, foodborne	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Botulism, infant	3 (0.3)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0.1
Brucellosis	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	1 (0.1)	0
Campylobacteriosis	76 (8.8)	54 (6.2)	47 (5.4)	86 (9.8)	127 (14.5)	8.9
Cryptosporidiosis	15 (1.7)	23 (2.6)	21 (2.4)	39 (4.4)	30 (3.4)	2.9
Cyclosporiasis	6 (0.7)	12 (1.4)	10 (1.1)	4 (0.5)	4 (0.5)	0.8

Cysticercosis	2 (0.2)	1 (0.1)	1 (0.1)	1 (0.1)	1 (0.1)	0.1
Echinococcosis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Escherichia coli, shiga-toxin producing	13 (1.5)	23 (2.6)	30 (3.4)	26 (3.0)	26 (3.0)	2.7
Fascioliasis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Giardiasis	24 (2.8)	16 (1.8)	26 (3.0)	13 (1.5)	28 (3.2)	2.5
Hemolytic uremic syndrome	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0
Hookworm (Ancylostomiasis)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Listeriosis	2 (0.2)	4 (0.5)	3 (0.3)	1 (0.1)	2 (0.2)	0.3
Paragonimiasis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Salmonellosis	119 (13.7)	133 (15.3)	109 (12.5)	147 (16.7)	130 (14.8)	14.6
Shigellosis	16 (1.8)	23 (2.6)	32 (3.7)	38 (4.3)	23 (2.6)	3
Taenia solium	Not Reported	Not Reported	0 (0.0)	0 (0.0)	0 (0.0)	0
Trichinosis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Trichuriasis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Typhoid Fever	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.2)	0
Vibrio infection (including cholera)	1 (0.1)	1 (0.1)	1 (0.1)	3 (0.3)	8 (0.9)	0.3
Yersiniosis	6 (0.7)	1 (0.1)	6 (0.7)	14 (1.6)	13 (1.5)	0.9

High Consequence Infectious Diseases	2021 Cases (IR)	2022 Cases (IR)	2023 Cases (IR)	2024 Cases (IR)	2025 Cases (IR)	5-Year Baseline IR
	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0.0
Anthrax	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Botulism, wound	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0
Plague	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Tularemia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Viral Hemorrhagic Fever (including Ebola)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0

Other Conditions	2021 Cases (IR)	2022 Cases (IR)	2023 Cases (IR)	2024 Cases (IR)	2025 Cases (IR)	5-Year Baseline IR
	1,564 (180.3)	1,486 (171.1)	1,536 (175.9)	1,445 (164.2)	1,325 (150.9)	168.5
Candida Auris	0 (0.0)	0 (0.0)	1 (0.1)	2 (0.2)	6 (0.7)	0.2
Carbapenem-resistant Enterobacteriaceae (CRE)	25 (2.9)	12 (1.4)	8 (0.9)	17 (1.9)	18 (2.1)	1.8
Creutzfeldt-Jakob disease (CJD)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0
Drowning/near drowning	15 (1.7)	10 (1.2)	16 (1.8)	Not Reported	Not Reported	1.6
Hansen's disease (Leprosy)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Hepatitis C	1,489 (171.6)	1,411 (162.5)	1,356 (155.3)	1,340 (152.3)	1,220 (139.0)	156.1

Hepatitis E, acute	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	1 (0.1)	0
Lead	Not Reported	Not Reported	105 (12.0)	21 (2.4)	10 (1.1)	5.2
Meningococcal infections, invasive	0 (0.0)	1 (0.1)	0 (0.0)	2 (0.2)	5 (0.6)	0.2
Mpox	Not Reported	Not Reported	1 (0.1)	8 (0.9)	2 (0.2)	0.4
Rabies, human	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0
Staphylococcus aureus, vancomycin intermediate or resistant	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0
Streptococcus pneumoniae, invasive	35 (4.0)	51 (5.9)	47 (5.4)	55 (6.3)	63 (7.2)	5.7

Overview of Reported Conditions

The total number of reported notifiable conditions fluctuated (Figure 1) as El Paso moved through the COVID-19 pandemic, which significantly affected the community and resulted in excess morbidity and mortality. The lowest number of reported conditions occurred in 2021, largely due to social distancing and mobility restrictions implemented to slow the spread of SARS-CoV-2. As these restrictions were lifted, reported conditions increased sharply, driven in particular by sexually transmitted infections (STIs) such as gonorrhea, chlamydia, and syphilis.

Conditions with the largest increases in incidence included:

- AIDS,
- Syphilis and other STIs,
- Invasive *Streptococcus pneumoniae*,
- Vaccine-preventable diseases (measles, pertussis),
- Food-borne diseases (bacterial and parasitic)

As the community transitioned beyond the acute phase of the pandemic, an alarming trend emerged in 2024 and 2025. AIDS incidence rose markedly—from 0.9 cases per 100,000 in 2021 to 6.6 cases per 100,000 in 2025—representing a more than sixfold increase. Syphilis also showed a steep rise, increasing 114 percent from 2021 to 2025, with the largest annual jump occurring in 2022 at nearly 60 percent.

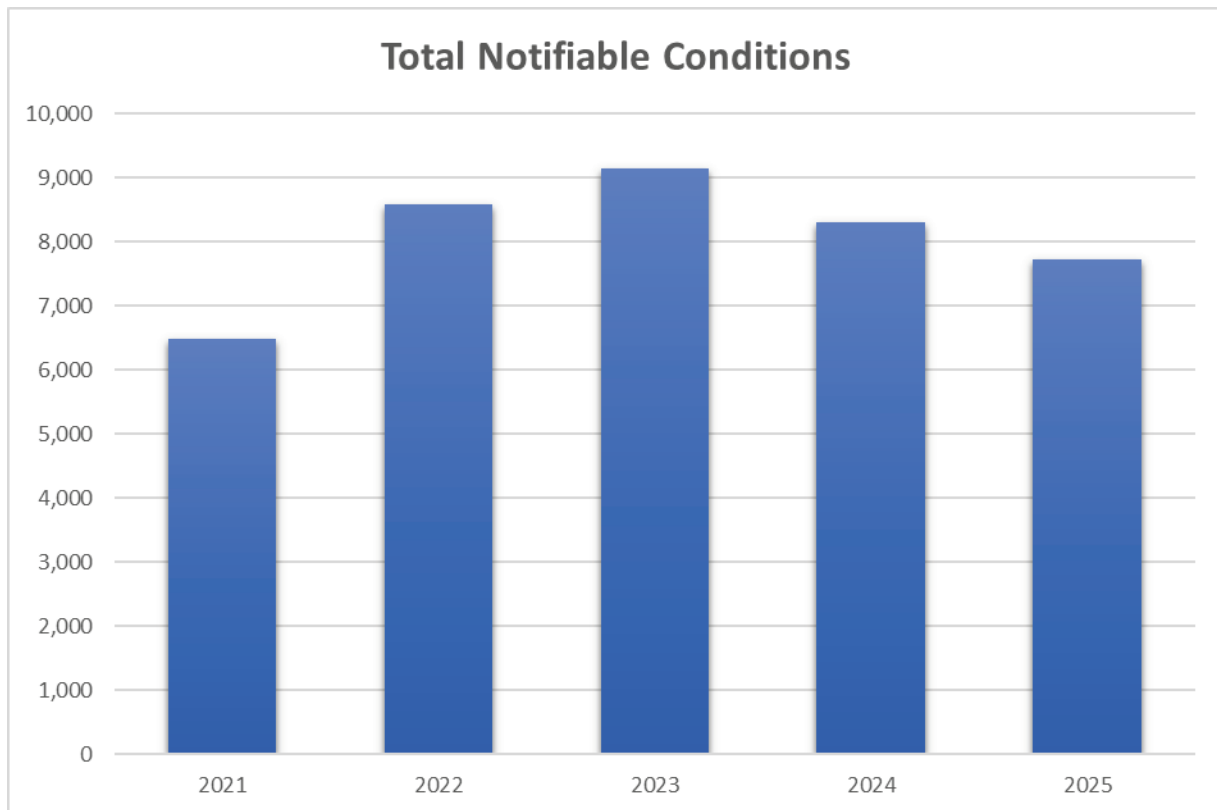
Among respiratory conditions, tuberculosis, legionellosis, and coccidioidomycosis exhibited fluctuating incidence patterns linked to factors such as mass migration and changes in weather. Tuberculosis showed the most pronounced spike, reaching 6.2 cases per 100,000 in 2023—more than twice the national rate and roughly 40 percent higher than the Texas rate. By 2025, incidence declined to approximately 3 cases per 100,000, likely due to reduced mass migration following changes in national immigration policy.

Vaccine-preventable diseases also remain an area of concern. El Paso experienced a measles outbreak in 2025 and a notable rise in pertussis, highlighting the consequences when confidence in vaccines decreases. These diseases can cause severe illness and may result in lifelong complications.

Food- and waterborne diseases continued to represent a substantial proportion of reportable infectious diseases in El Paso from 2021 to 2025, with overall incidence increasing by roughly 40 percent. Salmonellosis remained the most frequently reported condition; however, campylobacteriosis increased nearly 200 percent and yersiniosis rose fifteenfold in just the last three years. Epidemiological investigations did not identify a single source responsible for these increases, underscoring the importance of ongoing collaboration with the Food Inspection Program to enhance prevention, monitoring, and rapid response.

Within other reportable conditions, hepatitis C demonstrated a downward trend, with incidence declining 18 percent from 2021 to 2025. In contrast, invasive *Streptococcus pneumoniae* increased 24 percent, and *Candida auris* showed more than a sixfold increase from 2023 to 2025, reflecting growing challenges related to antimicrobial resistance and infection control.

Figure 1. Total Notifiable Conditions by Year, 2021-2025



Vaccine-Preventable Diseases

Vaccine-preventable diseases are infectious illnesses caused by viruses or bacteria that can be transmitted to other people and prevented with vaccines. These diseases may cause complications that can be as severe as death, and sequelae from these diseases can be irreversible and lifelong.

Vaccines are biological agents that elicit an immune response to a specific antigen derived from an infectious disease-causing pathogen. A vaccine typically contains an agent that resembles a disease-causing microorganism and is often made from weakened or killed forms of the microbe, its toxins, or one of its surface proteins. The agent stimulates the body's immune system to recognize it as foreign, destroy it, and “remember” it so that the immune system can more easily recognize and destroy any of these microorganisms that it later encounters.

Looking at varicella, invasive *Haemophilus influenzae*, mumps, and hepatitis A, the incidence of these diseases was very low during the COVID-19 pandemic because of public health interventions aimed at minimizing exposure to droplets or aerosols by promoting social distancing across the community (Figure 2). Once restrictions were lifted, a higher incidence of these conditions was observed. However, incidence has remained stable for invasive *Haemophilus influenzae* and mumps. From 2021 to 2024, there was an evident spike in chickenpox and hepatitis A of 140% and 967%, respectively. Perinatal hepatitis B incidence increased by 60% from 2023 to 2024 before declining in 2025 (Figure 3).

Figure 2. Annual Trends of Vaccine-Preventable Diseases

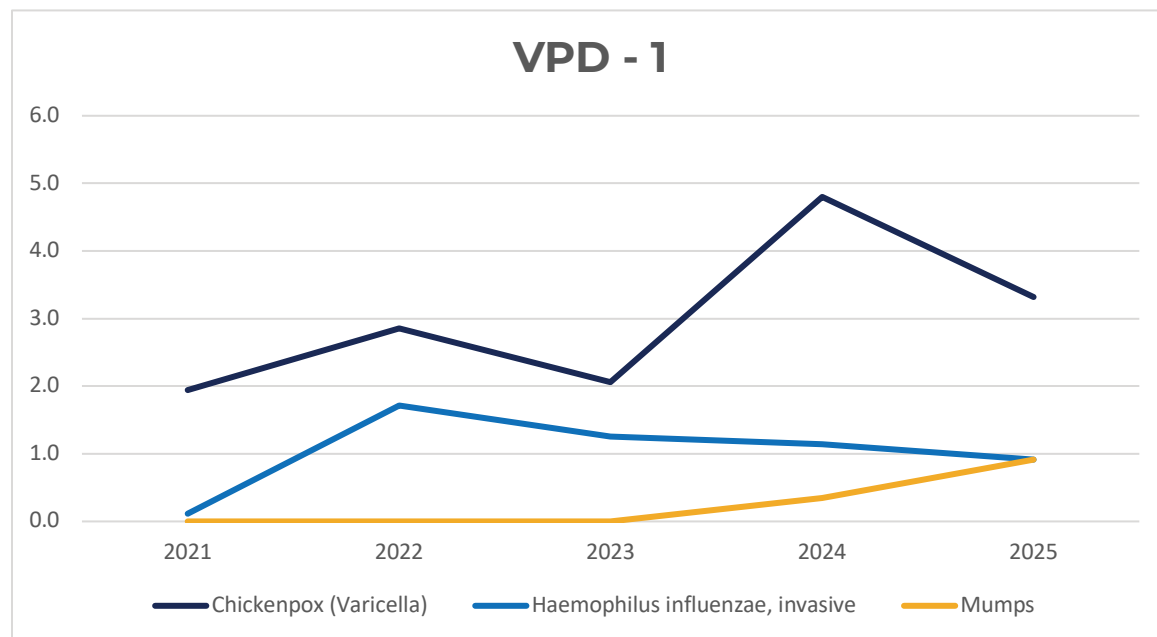
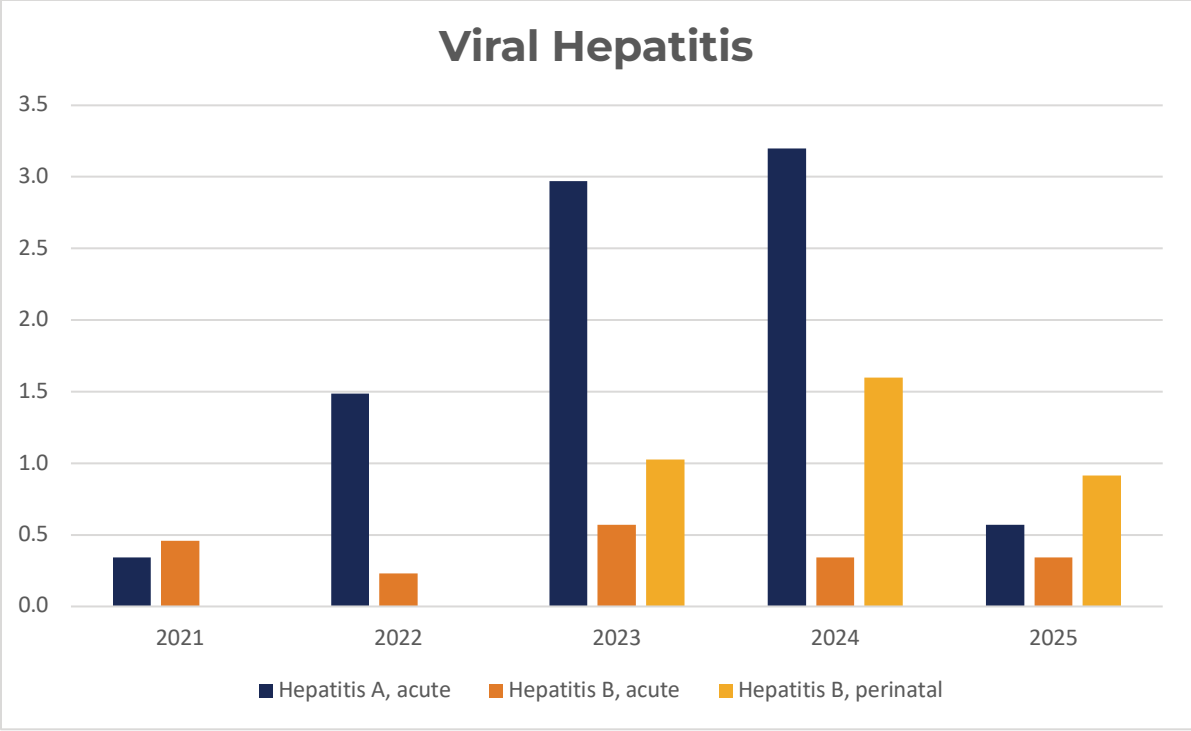


Figure 3. Annual Viral Hepatitis Incidence Rates, 2021-2025



Another area of concern is the increase in vaccine-preventable diseases experienced by El Paso, TX (Figure 4 & 5). This included a measles outbreak in 2025 and a sharp rise in pertussis incidence. Pertussis experienced one of the largest increases, rising by 3.30 cases/100,000 between 2021 and 2025, although no outbreak was identified (Figure 6). These trends are clear examples of what can happen when the effectiveness of vaccines is put in doubt. Unfortunately, vaccine-preventable diseases can result in lifelong sequelae from their complications.

Figure 4. Annual Incidence Rate of Vaccine-Preventable Diseases, 2021-2025

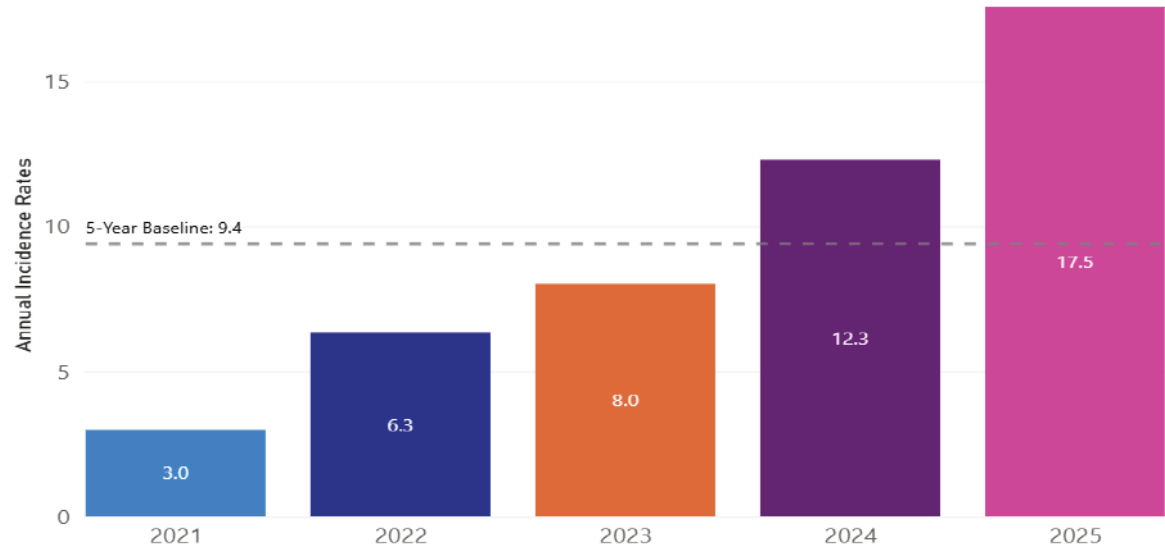


Figure 5. Change in Incidence Rates of Vaccine-Preventable Diseases, 2021-2025

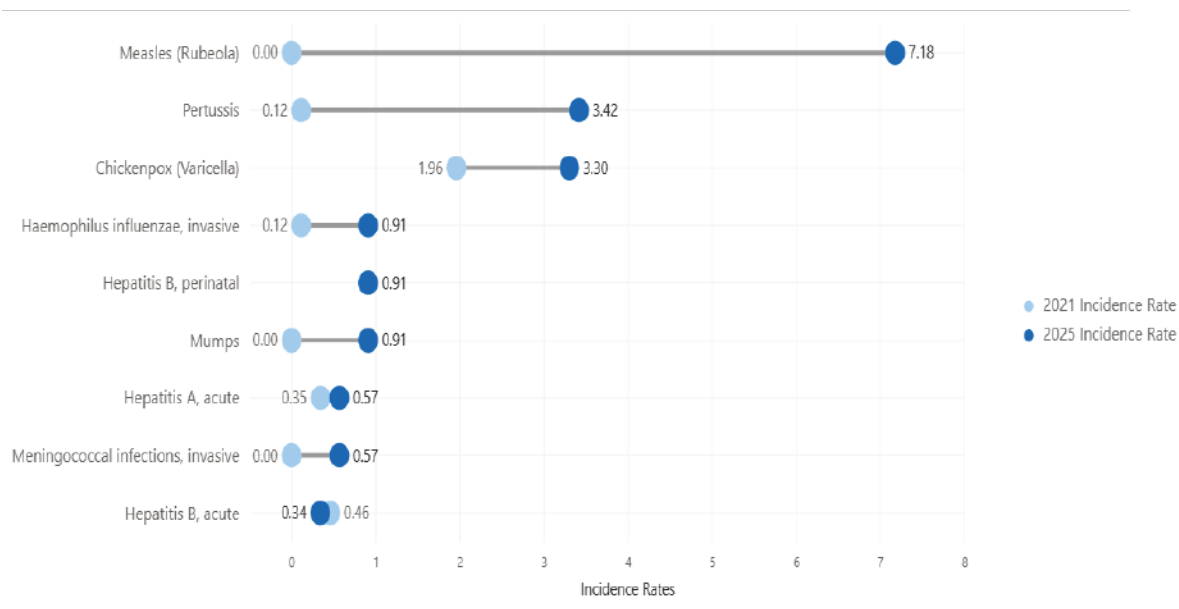
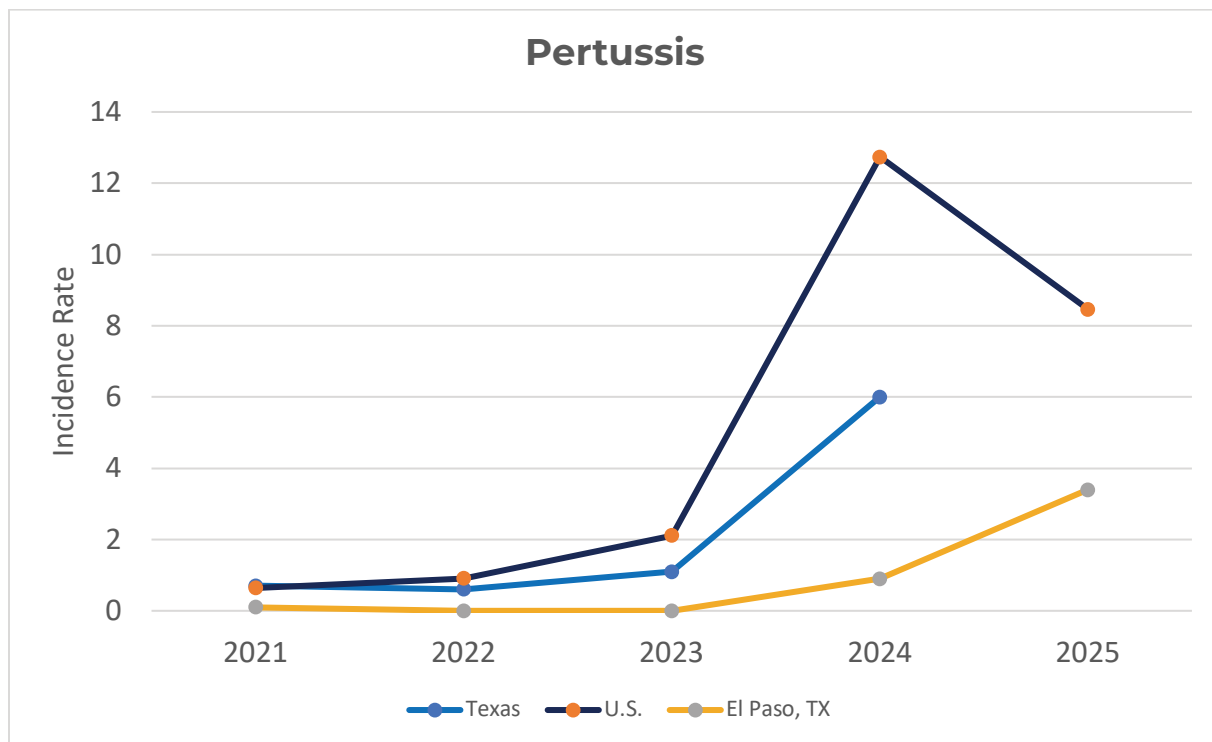


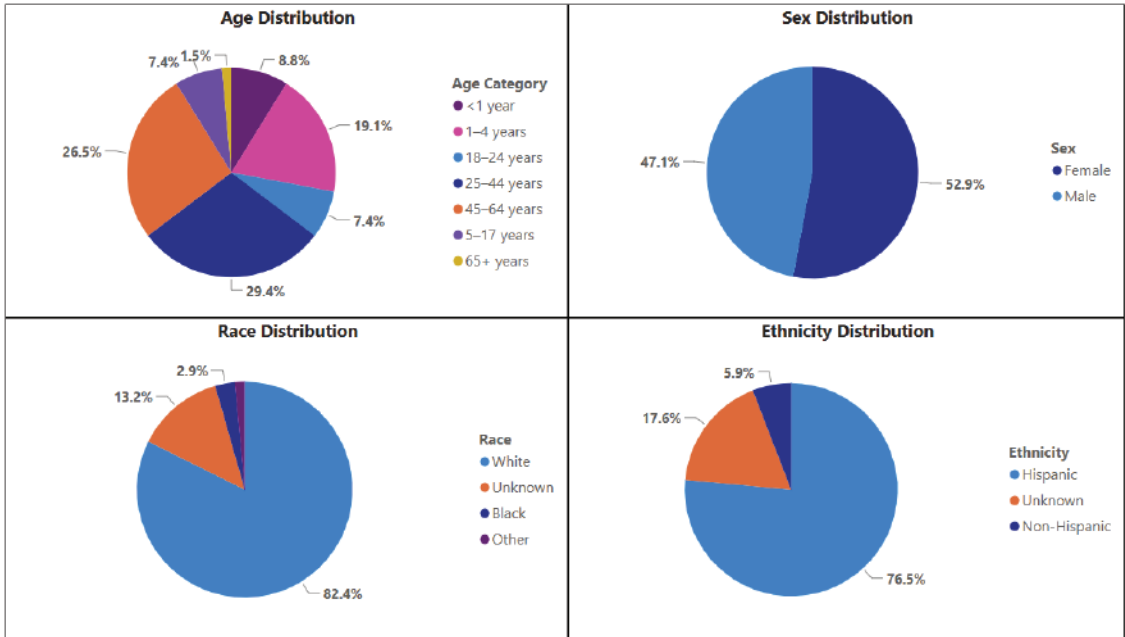
Figure 6. Annual Pertussis Incidence Rates in El Paso, Texas, and the United States, 2021-2025



MEASLES OUTBREAK

Measles had the largest increase in incidence, rising from no reported cases in 2021 to 7.16 cases/100,000 in 2025. The outbreak primarily affected individuals who were unvaccinated or had an unknown vaccination status. Most reported cases occurred among adults aged 25–44 years and were more frequently reported among females, White individuals, and Hispanics (Figure 6). Public health response efforts included enhanced disease surveillance, expanded vaccine availability through community vaccination clinics and extended clinic hours, and the development of a public dashboard to monitor the outbreak. As of July 26, 2025, two incubation periods had passed without additional reported cases, suggesting that the outbreak had been contained.

Figure 6. Demographic Characteristics of Measles Cases, 2021-2025



Respiratory Diseases

Respiratory illnesses within notifiable conditions are infectious diseases that affect the lungs and airways and share common signs and symptoms. They affect people with risk factors to a greater degree and, without treatment or preventive measures, can produce complications ranging from mild to severe, including death. In the United States, we have a variety of tools within public health to help people protect themselves, their families, and their communities from severe respiratory illnesses.

Risk factors for severe respiratory illness may include:

- **Age:** Adults 65 years and older and children younger than 2 years are usually at higher risk for severe respiratory illnesses and complications.
- **Underlying conditions:** Having medical conditions, such as chronic lung disease, heart disease, diabetes, or chronic kidney disease, a weakened immune system, a disability, and/or being pregnant may increase the risk of severe respiratory illness and complications.

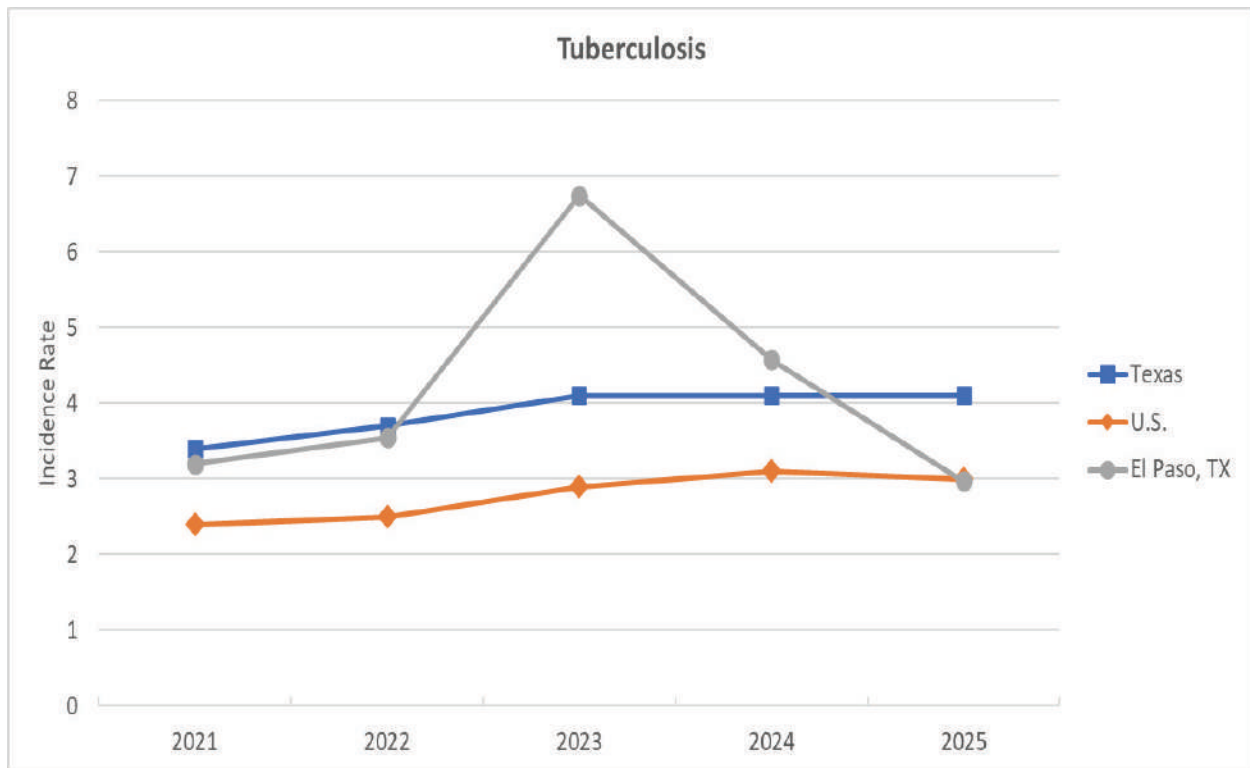
Core prevention strategies include:

- Staying up to date with immunizations
- Practicing good hygiene
- Improving the air quality in homes and workplaces
- Staying home and seeking medical attention promptly when sick
- Practicing other preventive measures, such as masking and distancing, when at high risk

Based on data collected from reports received by DPH regarding respiratory conditions, tuberculosis, legionellosis, and coccidioidomycosis saw changes in incidence that can be attributed to factors such as mass migration and changes in weather patterns, among others. The largest spike was seen in tuberculosis, with an incidence of 6.7 cases/100,000 population in 2023, more than double the national incidence and about 40% higher than the Texas incidence. By 2025, the incidence fell to the national incidence of approximately 3 cases/100,000 population because of a decrease in mass migration due to changes in national immigration policy (Figure 7).

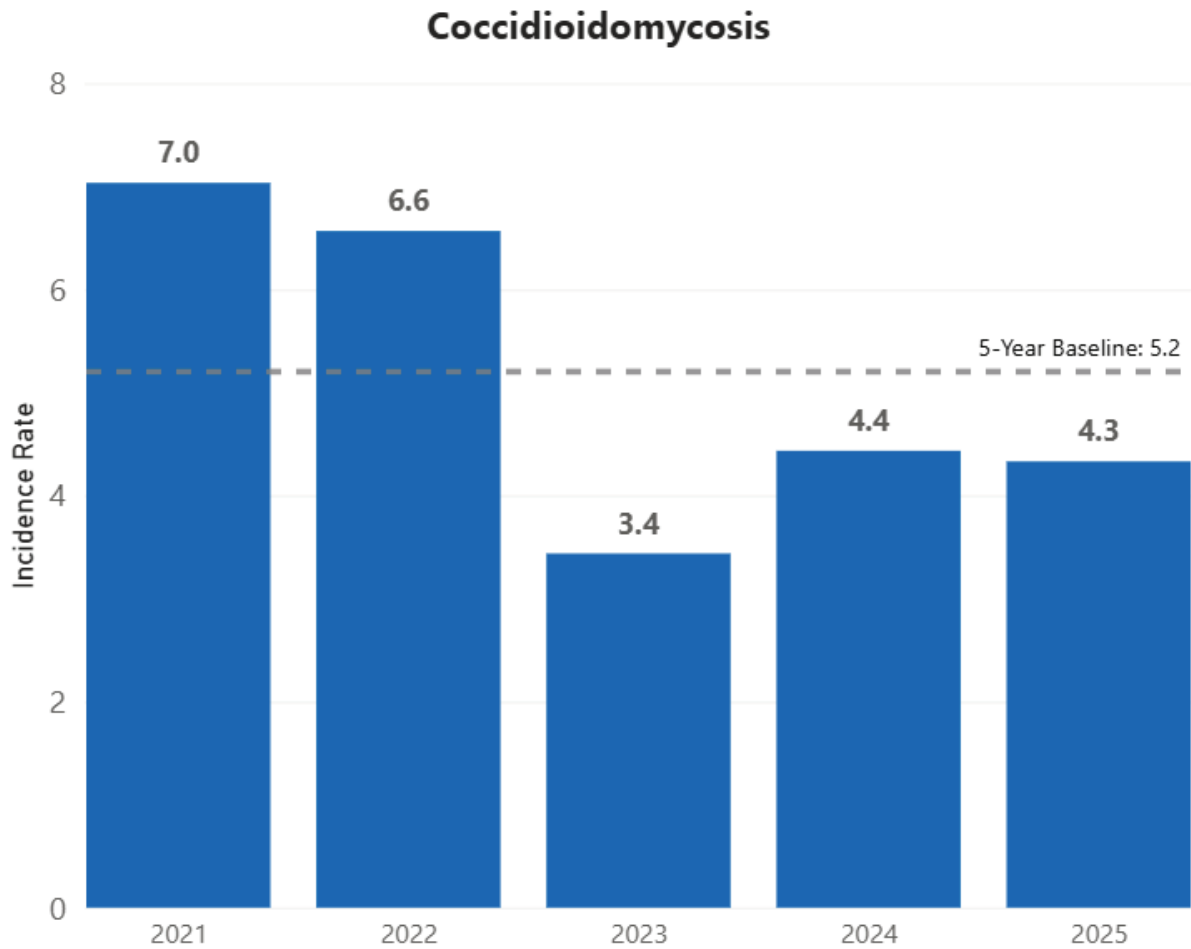
The majority of new active TB cases were among foreign born individuals who stayed in El Paso until they clinically improved and then moved to a different city. The TB program experienced some challenges, including patients who were partially treated and later experienced TB recurrence and developed complications, as well as cases that were lost to follow up in another jurisdiction. In such cases, personnel from DSHS and CDC quarantine station, and the TB program worked in collaboration with DPH to ensure proper follow up and the transfer of cases to another jurisdiction.

Figure 7. Annual Tuberculosis Incidence Rates in El Paso, Texas, and the United States, 2021-2025



For coccidiomycosis, the incidence had a downward trend of almost 40% from 2021 to 2025; with a stable incidence for 2024 and 2025. With many days of dust storms in El Paso, TX in 2025, it is expected that the incidence will increase for 2026 (Figure 8).

Figure 8. Annual Incidence Rates for Coccidioidomycosis, 2021-2025

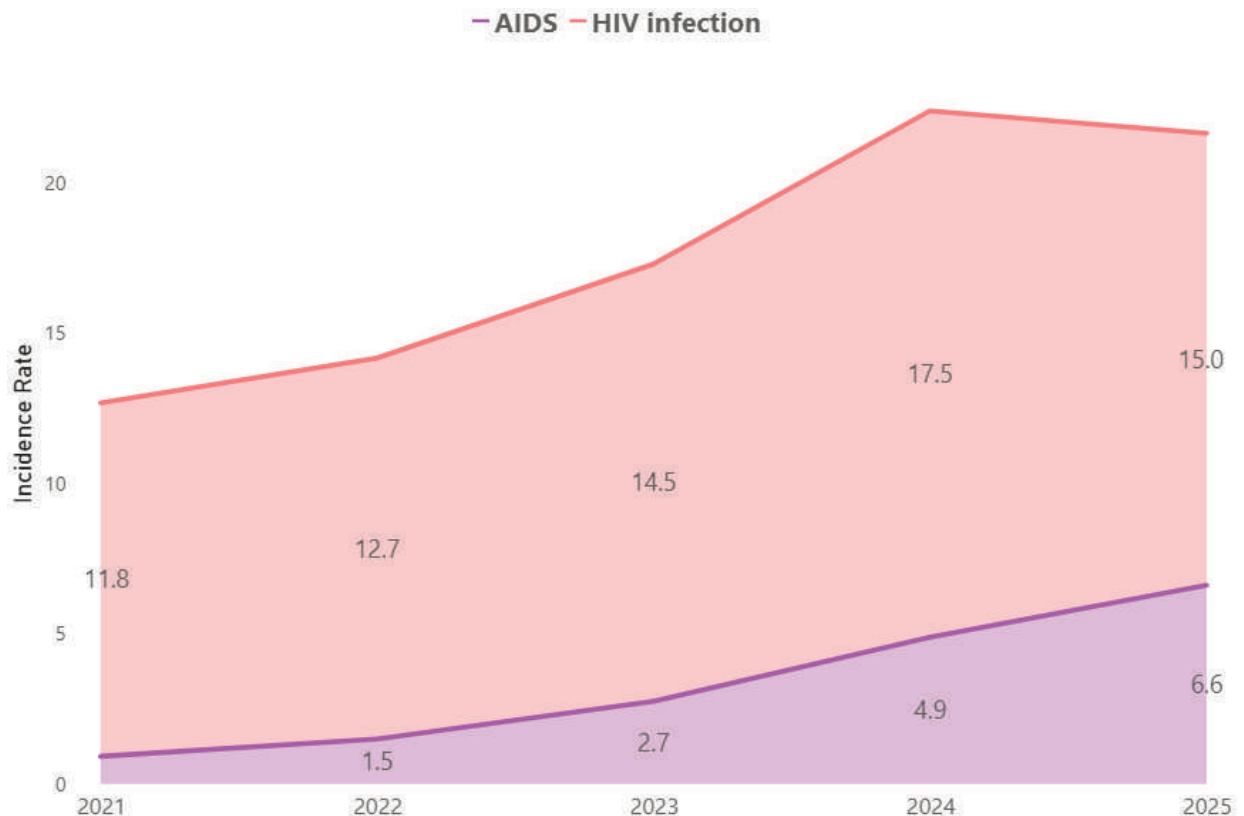


Sexually Transmitted Infections

A sexually transmitted infection (STI) is caused by a virus, bacterium, fungus, or parasite that is transmitted from person to person through sexual contact. A sexually transmitted disease (STD) develops when an STI leads to symptoms of disease, although the terms are often used interchangeably. The primary goal of public health and healthcare is to prevent and treat infections before they develop into disease.

As our community moved past the COVID-19 pandemic, we can see an alarming trend emerging in our community in 2024 and 2025. There was a very significant increase in AIDS incidence, from 0.9 cases/100,000 population in 2021 to 6.6 cases/100,000 population in 2025, representing an increase of over sixfold (Figure 9). As AIDS cases increased, new HIV cases also increased by 50% from 2021 to 2024. These trends may indicate an inability to access screening, preventive services, and HIV related care during the COVID-19 pandemic.

Figure 9. Annual AIDS and HIV Incidence Rates, 2021–2025



As restrictions from the COVID-19 pandemic eased, there was an increase in all STDs, mainly Chlamydia trachomatis infection, gonorrhea, and syphilis. Chlamydia incidence peaked in 2023 at 578 cases/100,000 population. Although chlamydia had the highest incidence rate among all reported notifiable conditions in 2025, it subsequently decreased and reached its lowest incidence rate of the five-year reporting period. Gonorrhea showed a similar trend, reaching its highest incidence rate in 2022 before declining to its lowest incidence rate in 2025 (Figure 10). These decreases are consistent with recent national trends, as chlamydia and gonorrhea have also declined across the United States. However, syphilis had a very significant increase of 115% in 2025 compared with 2021, with the largest increase occurring in 2022 at 59.5% (Figure 11). A very concerning trend seen across the state is the incidence of congenital syphilis. Although congenital syphilis in El Paso, TX, has not reached the levels seen across the state, as syphilis cases rise, so does the risk of infection among pregnant women and transmission to the unborn child.

Figure 10. Annual Chlamydia and Gonorrhea Incidence Rates, 2021–2025

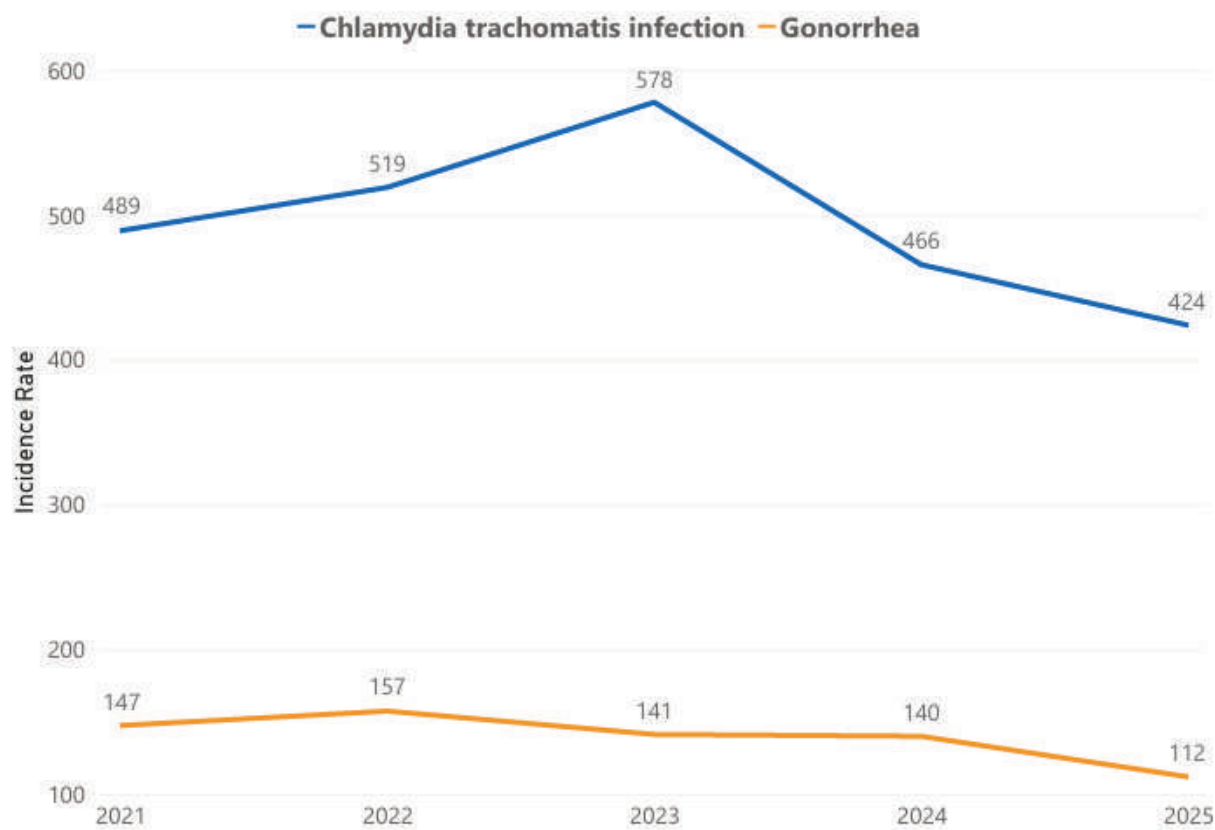
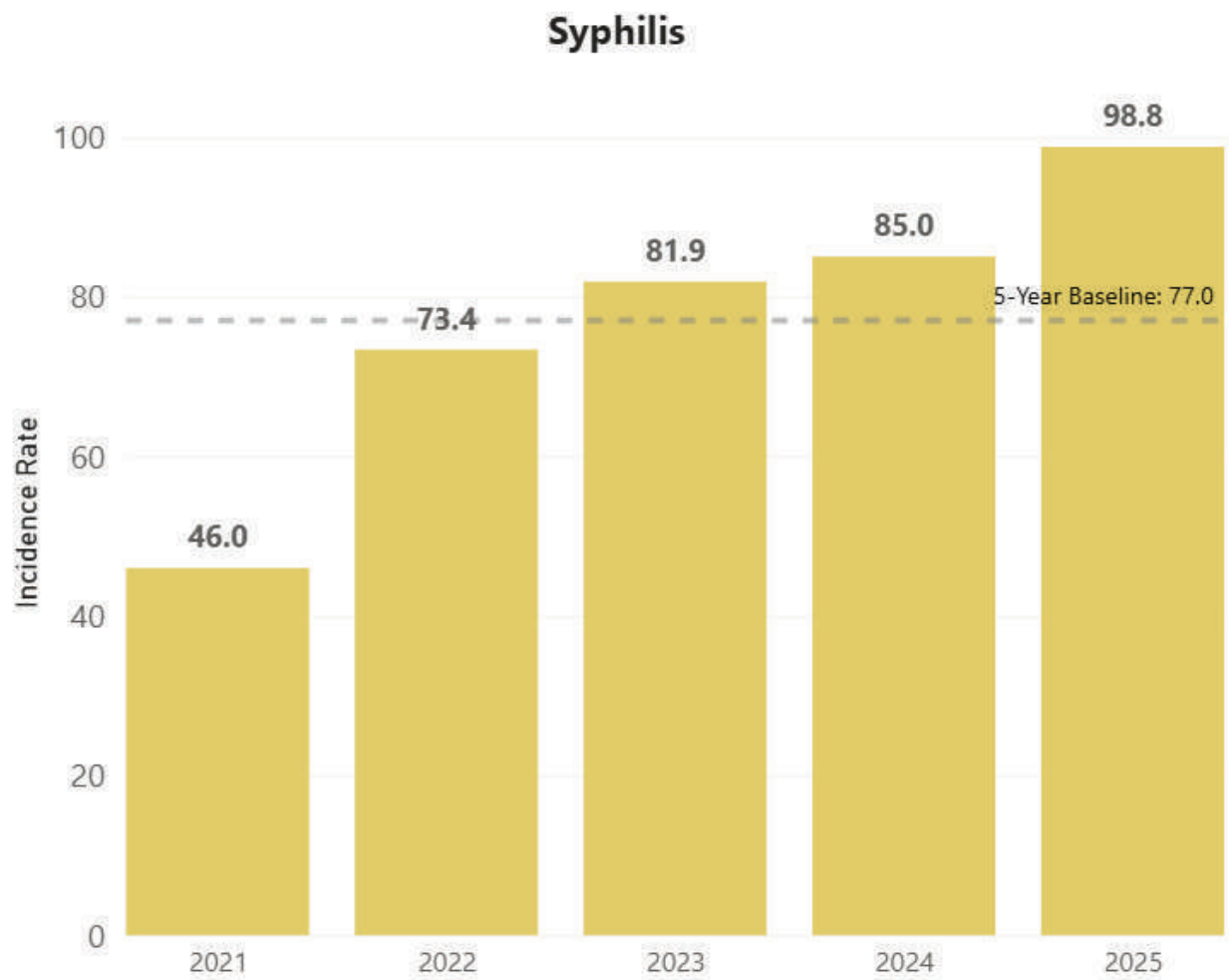


Figure 11. Annual Incidence Rates for Syphilis, 2021-2025



Vector-Borne Diseases

Vectors are insects such as mosquitoes, ticks, and fleas that spread pathogens. Vector-borne diseases are human illnesses caused by parasites, viruses, or bacteria transmitted by these blood-feeding arthropods. Vectors acquire pathogens from infected animals or humans and transmit them to new hosts through bites. Vector-borne diseases account for over 17% of all infectious diseases globally.

In El Paso, the neuroinvasive form of West Nile virus disease is the most frequently reported vector-borne disease, particularly among elderly and immunocompromised individuals, with a sharp spike observed in 2021. Following 2022, West Nile virus incidence dropped below the five-year average baseline and remained below baseline levels through 2025 (Figure 12). This condition is more frequently reported during the summer because of increased mosquito activity (Figure 13). Of note, the low frequency of West Nile fever reports does not reflect its actual incidence but may be due to limited testing by healthcare practitioners and the fact that the condition is often resolved without treatment or other intervention.

Other vector-borne diseases reported include malaria, Lyme disease, and Rocky Mountain spotted fever. Based on epidemiological investigations, it was determined that these cases were imported through travel to endemic areas. These conditions are not commonly acquired locally in El Paso because the vectors responsible for their transmission, such as Anopheles mosquitoes that transmit malaria, are not established in the area.

Figure 12. Annual Incidence Rates for West Nile Virus, 2021-2025

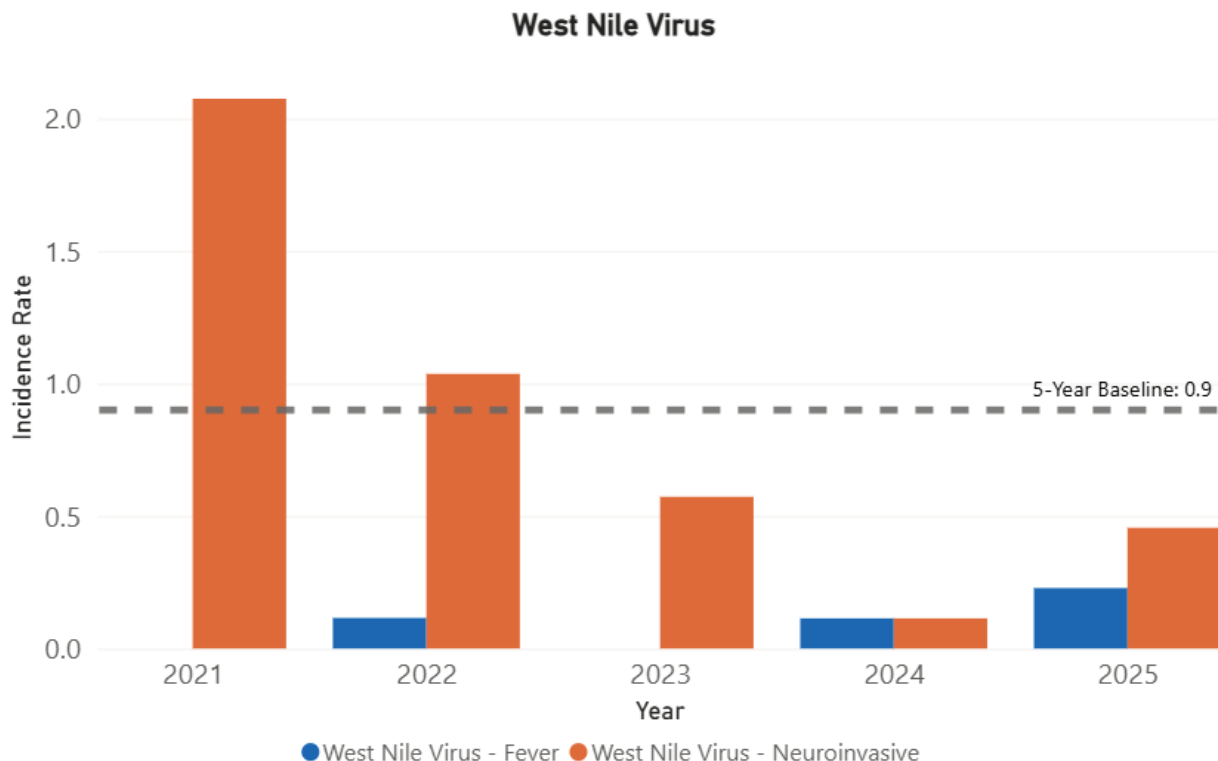
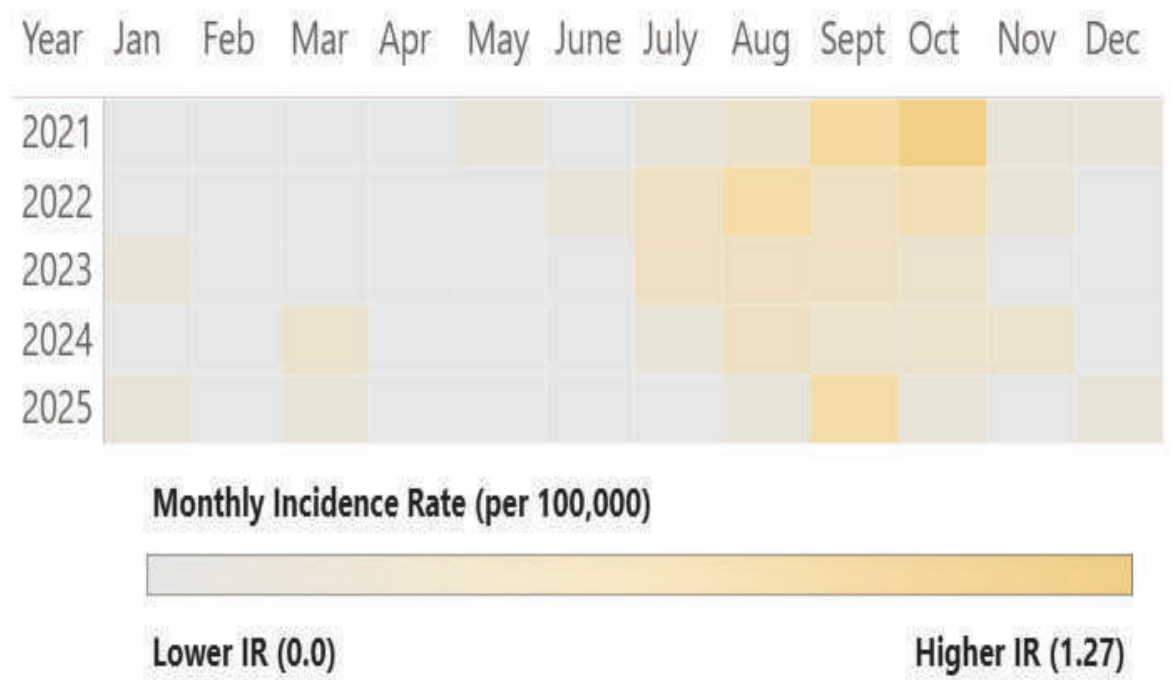


Figure 13. Vector-Borne Disease Seasonality, 2021–2025



Note. Vector-borne disease analyses include *vector-borne diseases with reported cases during the reporting period: Chaga’s disease, dengue, leishmaniasis, Lyme disease, malaria, spotted fever group (Rickettsioses), and West Nile Virus fever and neuroinvasive forms. Anaplasmosis, babesiosis, chikungunya, Eastern and Western Equine Encephalitis, ehrlichiosis, relapsing fever (tick-borne), Saint Louis Encephalitis, typhus, yellow fever, and zika were excluded because no cases were reported during the reporting period.*

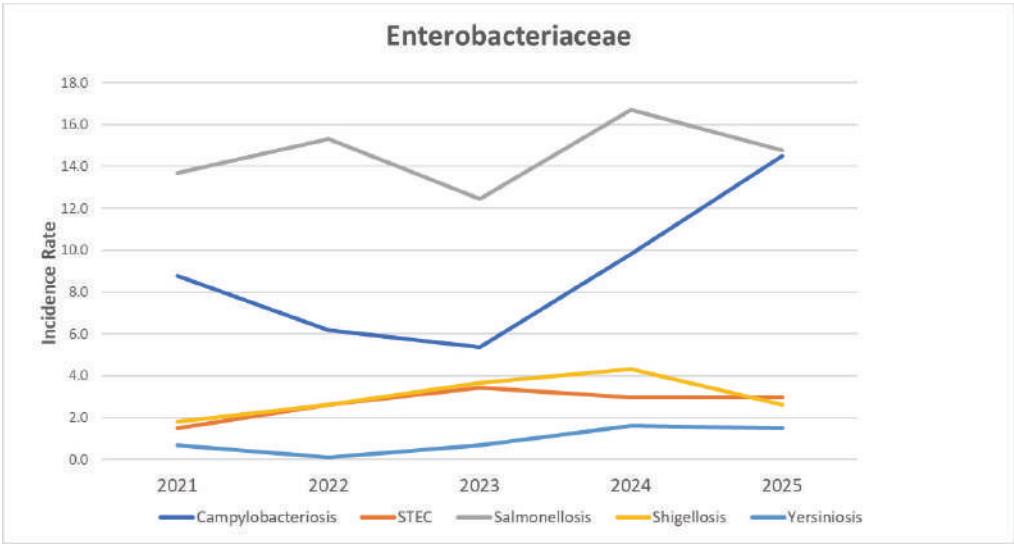
Food- or Waterborne Diseases

Food- and water-borne diseases are caused by bacteria, viruses, or parasites that are transmitted via the fecal-oral route through contaminated food and water. Contact with infected animals or people is also a known and well-documented cause of enteric diseases.

Most cases of waterborne illness are from exposure to recreational water sites and, occasionally, from contaminated water in unregulated private wells or while traveling. While there are more than 250 food- and water-borne diseases, the most common are *Campylobacter*, *Salmonella*, *Shigella*, and Shiga toxin-producing *E. coli* (STEC), formerly known as *Escherichia coli* O157:H7. The symptoms and incubation periods of these enteric diseases vary, ranging from hours to weeks.

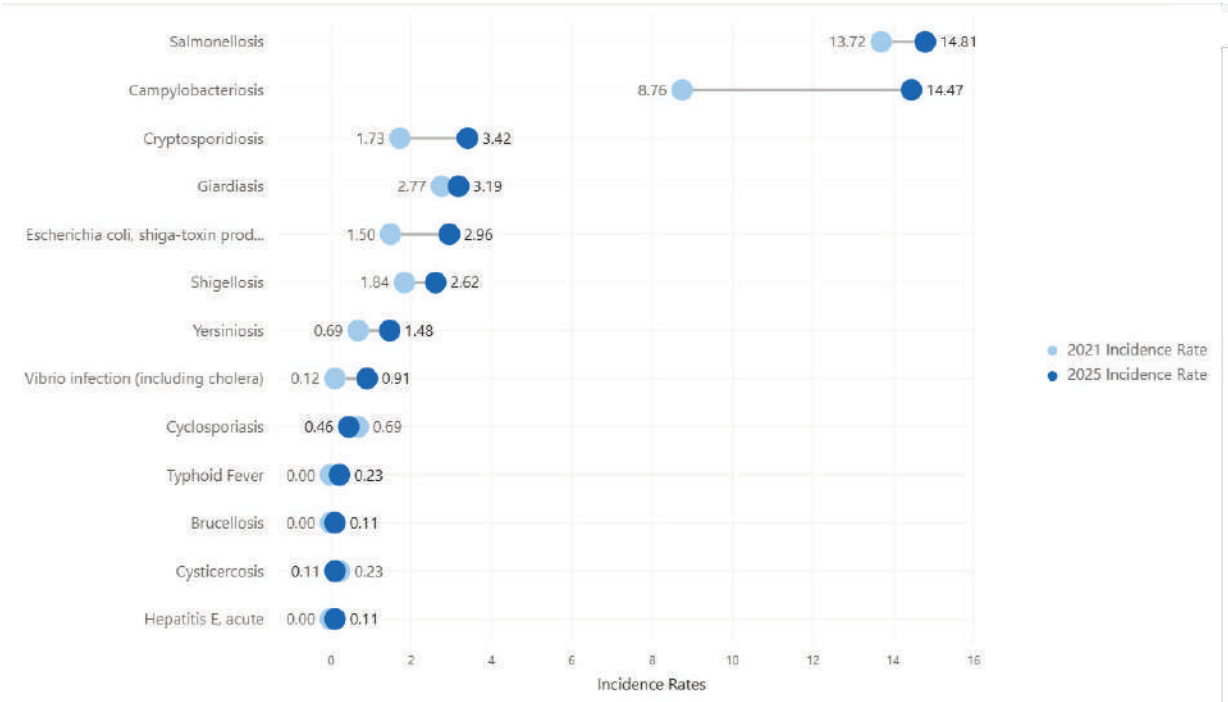
Food- and waterborne diseases remained an important contributor to the burden of reportable infectious diseases in El Paso from 2021 through 2025, with annual incidence increasing from 32.3 to 45.1 cases per 100,000 population (Figure 14). Salmonellosis remained the most frequently reported condition throughout the 5-year period, accounting for the largest proportion of enteric bacterial infections.

Figure 14. Annual Trends in Enterobacteriaceae Incidence, 2021–2025



In El Paso, TX, during the 2021–2025 period, we saw a significant increase in campylobacteriosis, from 5.4 cases per 100,000 population in 2023 to 14.5 cases per 100,000 population in 2025, reaching levels close to salmonellosis in 2025. Yersiniosis is another enteric bacterial disease that needs attention due to an increasing trend, from 0.1 cases per 100,000 population in 2022 to 1.5 cases per 100,000 population in 2025, representing a 15-fold increase in approximately three years (Figure 15). Unfortunately, the epidemiological investigations failed to reveal a specific source responsible for the observed trend.

Figure 15. Change in Incidence Rates of Food- and Waterborne Diseases, 2021–2025

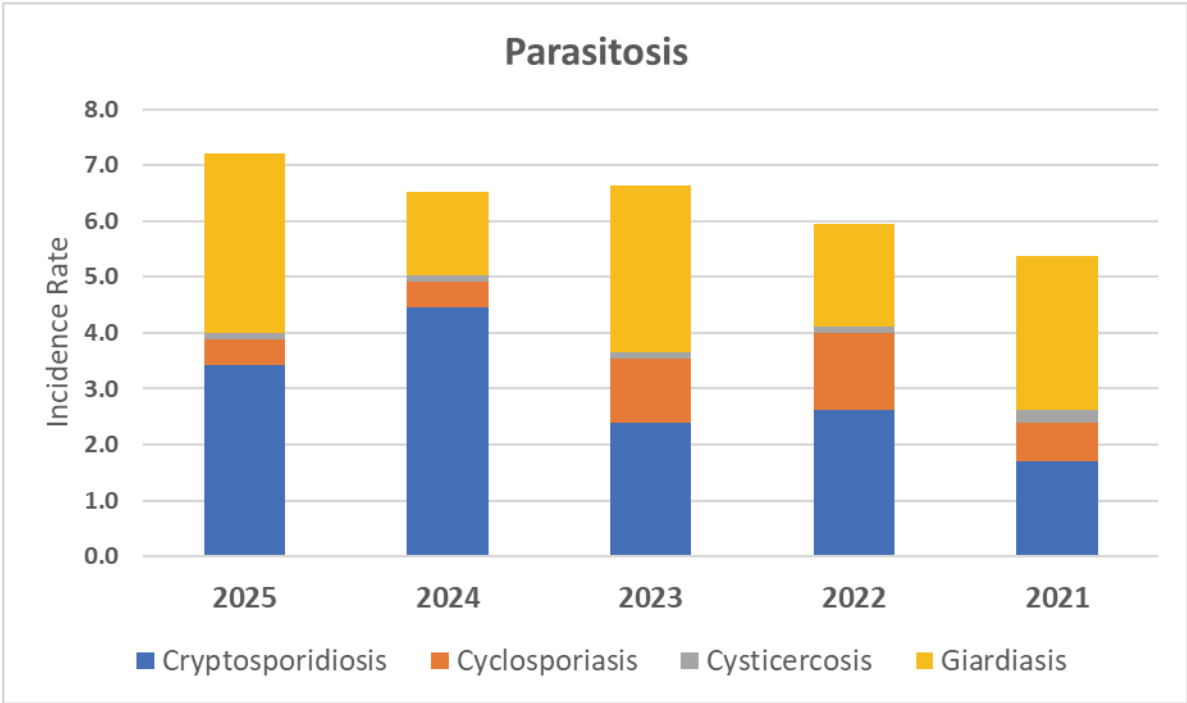


Cryptosporidium, Cyclospora, and Giardia (G. lamblia, G. intestinalis, or G. duodenalis) are single-celled microscopic protozoan parasites of public health importance because these organisms infect the human enteric tract and have an environmentally stable stage, such as a cyst or oocyst. Cysts and oocysts provide protection from environmental factors, allowing these parasites to infect other susceptible hosts through either waterborne or foodborne routes.

These enteric parasitic infections are more common in the pediatric population; however, immunocompromised people are also considered at increased risk of infection with these single-celled organisms. They are primarily transmitted through contaminated water, including exposure to recreational freshwater sites, improperly disinfected private well water, or during travel.

In El Paso, TX, we reported a steady upward trend in the group of parasitic infections, mainly due to Cryptosporidium and Giardia. This trend can be attributed to increased travel following the COVID-19 pandemic to areas with a higher incidence of these parasitic infections (Figure 16). Reports from El Paso Water, the largest water utility provider in El Paso County, show consistently negative test results for these and other biological contaminants in potable water, meeting or exceeding Environmental Protection Agency (EPA) standards.

Figure 16. Annual Trends in Parasitosis Incidence, 2021-2025



Cysticercosis in El Paso, TX, has remained stable without any notable increase in cases, noting that this notifiable condition includes the clinical form neurocysticercosis. Neurocysticercosis, the leading cause of preventable epilepsy, is an infection of the central nervous system and meninges caused by the larval stage of the parasite *Taenia solium* after a human host ingests *T. solium* cysts from contaminated, improperly cooked pork, which develops into an adult tapeworm in the human intestinal wall.

High Consequence Infectious Diseases

High Consequence Infectious Diseases (HCIDs) are novel or reemerging acute human infectious diseases that are easily transmitted from person to person, have limited or no available medical countermeasures (such as effective vaccines or prophylaxis), are associated with high illness and case-fatality rates, and pose a substantial risk of public exposure due to their high transmissibility within communities and healthcare settings.

Surveillance in El Paso, TX did not identify any of these special pathogens during the 2021–2025 reporting period, with the exception of one case of wound botulism reported in 2023, which posed no significant threat to the community. The identification of any HCID would require a coordinated public health response involving multiple programs within the Department of Public Health and public health stakeholders to minimize the risk of transmission in the community.

Other Reportable Conditions

Conditions in this category include antimicrobial-resistant organisms, viral diseases circulating within the community, and other emerging or reemerging infectious diseases that are not classified elsewhere in this report. These conditions are monitored closely because they have the potential to spread rapidly or cause severe illness.

Among the conditions included in this category, acute hepatitis C demonstrated a downward trend, with incidence decreasing by 18% between 2021 and 2025 and remaining below the 5-year baseline beginning in 2023 (Figure 17). This decrease may be attributed to improvements in screening, linkage to care, and access to effective treatment. In contrast, the incidence of invasive streptococcus pneumoniae increased 25% and *Candida Auris* incidence increased over 6-fold from 2023 to 2025 (Figure 18 & 19). This increasing trend is consistent with national patterns and may be attributed to increased detection efforts and gaps in infection prevention and control practices within healthcare facilities. However, recommended infection prevention and control strategies have been successful in limiting transmission and preventing further spread within healthcare settings.

Figure 17. Annual Incidence Rates for Hepatitis C, 2021-2025

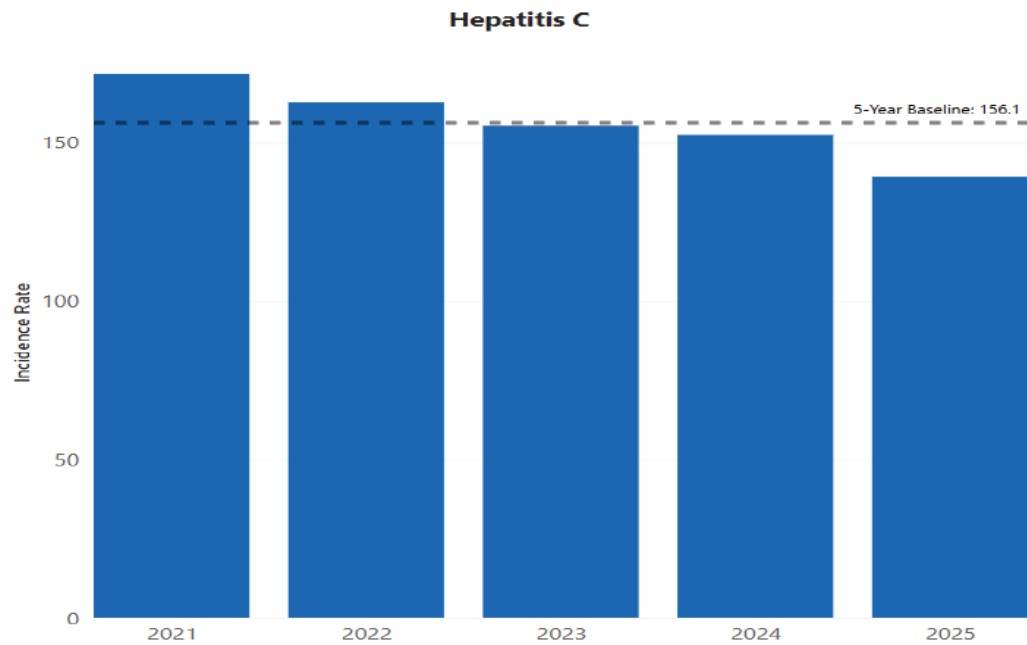


Figure 18. Annual Incidence Rates for Streptococcus pneumoniae, invasive, 2021-2025

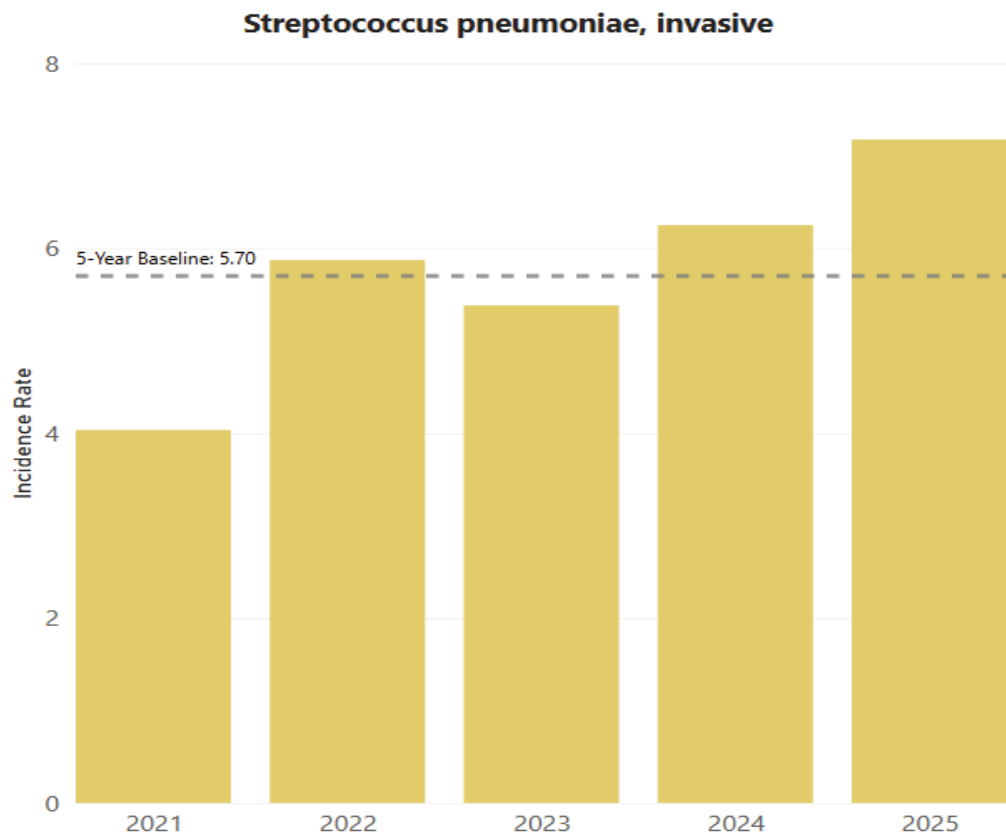
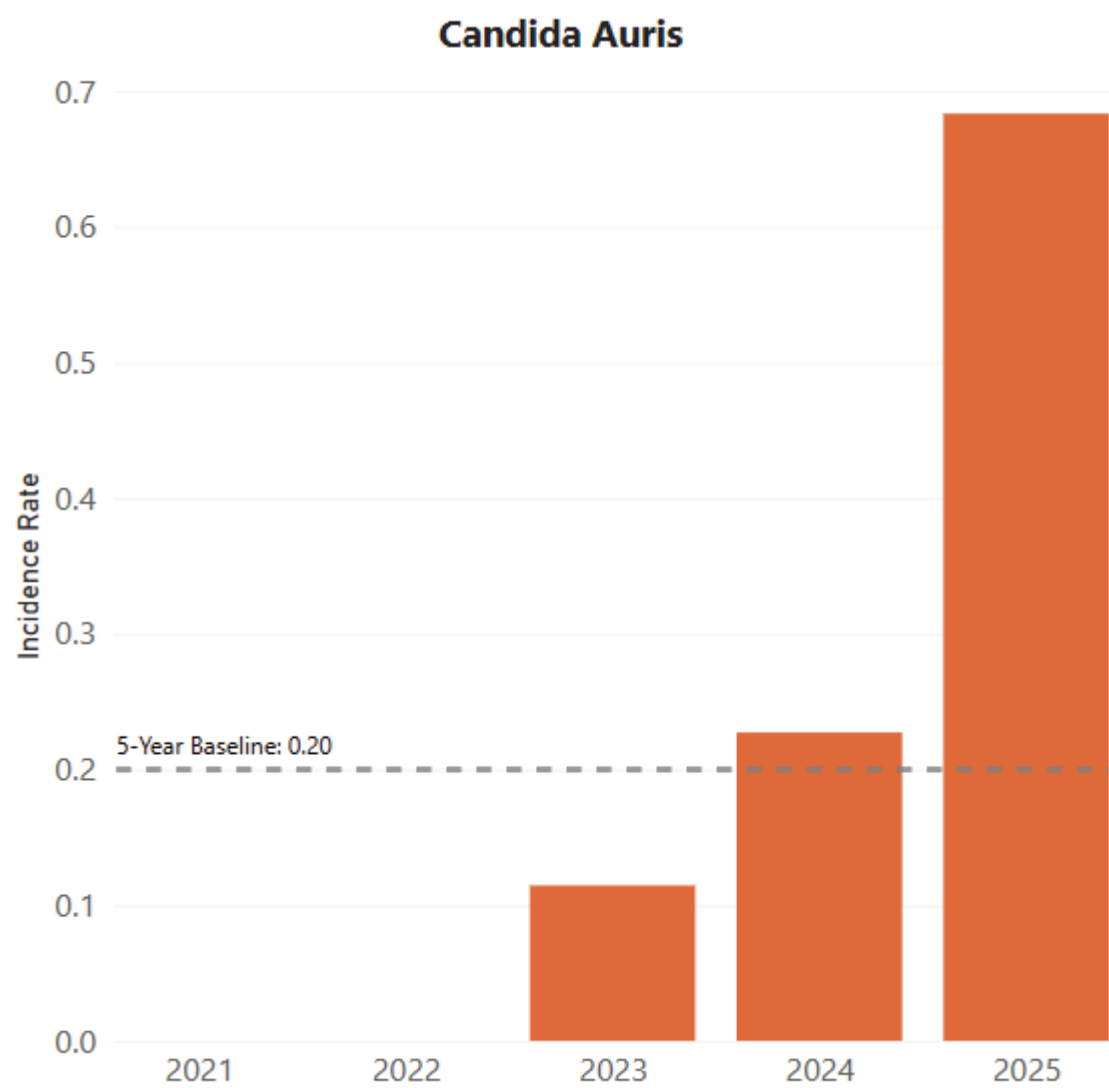


Figure 19. Annual Incidence Rates for Candida Auris, 2021-2025

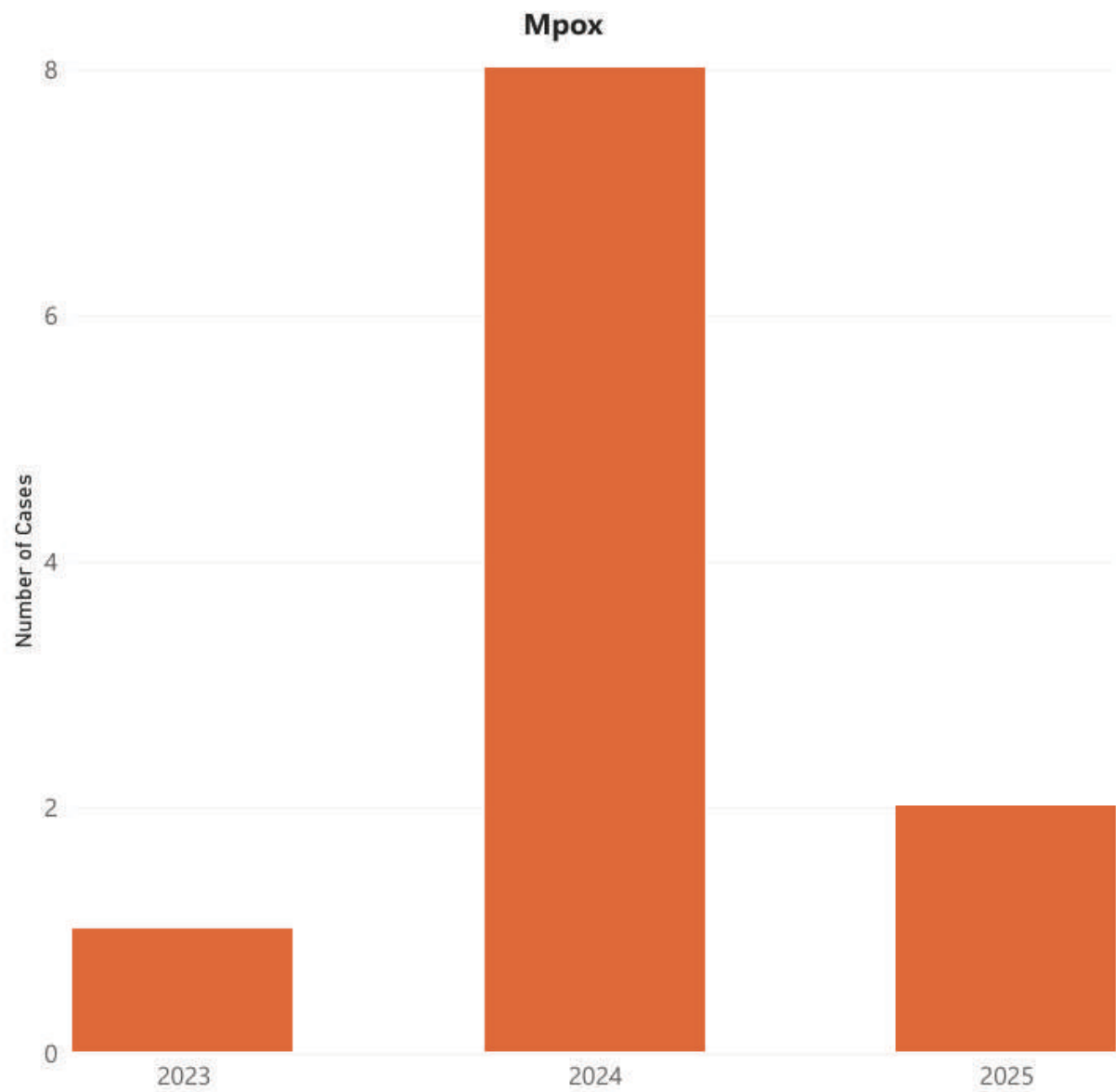


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MPOX GLOBAL OUTBREAK

Mpox is a viral disease caused by the monkeypox virus and is transmitted primarily through close, prolonged skin-to-skin contact with an infected person or contaminated materials. During the 2022 global outbreak, cases were identified in countries where Mpox had not historically been reported, including the United States, leading to increased surveillance and public health response efforts. In El Paso, TX, reported cases peaked in 2024 and declined thereafter (Figure 20).

Figure 20. Annual Reported Mpox Cases, 2021-2025



Conclusion

From 2021 through 2025, El Paso County’s notifiable disease trends reflected both the community’s gradual recovery from the COVID-19 pandemic and the emergence of new public health challenges. As social restrictions eased, the county experienced marked increases in sexually transmitted infections, vaccine-preventable diseases, and food- and waterborne illnesses—highlighting vulnerabilities in healthcare access, vaccination coverage, and disease prevention behaviors. Respiratory diseases also shifted in response to population movement and environmental conditions, while antimicrobial-resistant organisms and other emerging infections underscored ongoing threats requiring sustained vigilance.

Despite these challenges, surveillance efforts and public health interventions proved essential in detecting outbreaks, mitigating transmission, and supporting community resilience. The notable containment of the 2025 measles outbreak, the downward trend in hepatitis C, and successful infection control measures for *Candida auris* demonstrate the impact of coordinated, evidence-based public health action.

Overall, the five-year trends emphasize the continued importance of robust disease surveillance, strong cross-sector collaboration, proactive vaccination outreach, and rapid response capacity. Maintaining and strengthening these efforts will be critical to reducing morbidity, preventing future outbreaks, and protecting the health of the El Paso community.

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